





Understand Your

Report In Detail

Scan OR code

To: Starmed Health Centre-Salem

A Unit Of SSK Infertility & Kidney Care, No-2,

Vinayagar Kovil Street, Swarnapuri,

Tamil Nadu

Salem - 636004

Contact:

Report Of: Mrs. SINDHUJA SUDHARSON

Pt. Contact: 6382722178



Sample ID 23001917360

Patient ID 1102326597

Received on 02/11/2023 12:11

Registered on 02/11/2023 12:49

Reported on

Referred by

Dr. SHARMILA SENTHILKUMAR

Sonography by Dr. PUGAZHENDHI

Patient DOB: 13/10/2000

EVICOSCREEN - EVIDENCE BASED COMPREHENSIVE PRENATAL SCREENING REPORT

Patient Name: Mrs. SINDHUJA SUDHARSON

EVIC Screen is an evidence based prenatal screening program curated by Lilac Insights in accordance with the Fetal Medicine Foundation (UK) guidelines for First Trimester Screening to determine the probality of most common chromosomal aneuploidies in a pregnancy. It utilizes:

- Hormonal values from the pregnancy measured on Fetal Medicine foundation (UK) accredited analyzers and reagents
- Robust indigenous medians from over 7 lac+ pregnancies for different gestation ages
- Risk calculations from evidence based algorithms validated through large international studies

UKNEQAS: United Kingdom National External Quality Assessment Service

RIQAS: Randox International Quality Assessment Scheme



The Risk Assessment Performed Using
CE-Marked Antenatal Risk Evaluation Software
Certified by the British Standards Institute
(BSI)- ISO 13485:2016

RISK ASSESSMENT LOW T21 (Down syndrome) 1:1200 Low Risk INTERMEDIATE HIGH T18 (Edwards' syndrome) 1:100000 Low Risk LOW HIGH T13 (Patau syndrome) 1:100000 Low Risk LOW HIGH

MULTIPLE OF MEDIAN (MoM)

Free ß-hCG 5.02 PAPP-A 1.04

INTERPRETATION

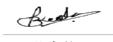
The First Trimester Screening for the given sample is found **SCREEN NEGATIVE**.

SUGGESTIONS AND OTHER FINDINGS

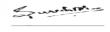
In view of free bHCG MoMs observed in the mother, kindly consider correlation with fetal growth and well being scan at 28 - 30 weeks.







Verified by **Mr. Pradip Kadam** Incharge Biochemistry



Verified by **Dr. Suresh Bhanushali**MD (Path), Consultant Pathologist

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Patient name: Mrs. SINDHUJA SUDHARSON Sample ID: 23001917360

Sample Type: Serum Risk assessment: Algorithm validated by SURUSS 2003, N.J Wald

Method:Electroch		,	Visit assessment. Algorit	iiii validated b	, y 50 K 0 55 2	LOOO, IN.J VValu
		PREGNANC	Y DETAILS			
No. of fetuses GA is Based on Smoking: None Ethinicity: Asian	: 1 : CRL 66.9mm at 31/10/202 Parity : FHR :	EDD 23 LMP Date Height	:07/05/2024 :	Age at Tern LMP Certai Weight		lar
Down syndron Patau syndron		PE in pr	•	Chro	Other finding dependent on the hypertent of the hypertent	nt diabetes ension
		SPECIMEN	I DETAILS			
Sample ID Collection Date Scan Date GA at Coll Date GA at Scan Date Received on GA: Gestation Age Collection Collect	: 23001917360 CRL : 31/10/2023 CRL2 : 31/10/2023 BPD : 13 Weeks 0 Days BPD2 : 13 Weeks 0 Days HC : 02/11/2023 HC2 **RL: Crown Rump Length BPD: Bi-p NT: Nuchal Train	: 2 : : : : : : : : : : : : : : : : : :	egnancy-associated Plasma I		Unit ng/mL mm mIU/L	Corr. Mom 5.02 1.15 1.04 ionic Gonadotropin
		RIS	KS			
Disorder: Down Sy Final risk: 1:120		c: 1:1400	Res	ult:	Low Risk	

			RISKS		
Disorder: Down Syndrome			Result:	Low Risk 🛑	
Final risk:	1:1200	Age risk:	1:1400		
Cutoff	1:250	Risk type	Risk At Term		
Disorder: Edwards' Syndrome			Result:	Low Risk 🛑	
Final risk:	1:100000	Age risk:	1:8800		
Cutoff	1:100	Risk type	Risk At Term		
Disorder: Patau Syndrome		Result:	Low Risk 🛑		
Final risk:	1:100000	Age risk:	1:13000		
Cutoff	1:100	Risk type	Risk At Term		

















Patient name: Mrs. SINDHUJA SUDHARSON Sample ID: 23001917360

PRENATAL SCREENING BACKGROUND

Every pregnant woman carries a certain degree of risk that her fetus/baby may have certain chromosomal defect/ abnormalities. Diagnosis of these fetal chromosomal abnormalities requires confirmatory testing through analysis of amniocytes or Chorionic Villous Samples (CVS). However, amniocentesis and CVS procedures carry some degree of risk for miscarriage or other pregnancy complications (Tabor and Alfirevic, 2010). Therefore in routine practice, prenatal screening tests are offered to a pregnant woman to provide her a personalised risk for the most common chromosomal abnormalities (T21-Down syndrome, T18- Edwards' syndrome, T13- Patau syndrome) using her peripheral blood sample. Based on this risk assessment, if the risk is high or intermediate, you can take informed decision of opting for invasive procedure such as amniocentesis or CVS followed by confirmatory diagnostic test(s), as per discussion with your clinician.

PRENATAL SCREENING TESTS ARE NOT CONFIRMATORY TESTS. THEY ARE LIKELIHOOD ASSESSMENT TESTS.

You may get your prenatal screening result as either of the following:-

High Risk

High Risk or Screen Positive Result: A High Risk Result does not mean that the pregnancy is affected with the condition. It means that the likelihood of the pregnancy having a condition is higher than the cut-off (Most commonly used cut-off is 1:250 and this represents the risk of pregnancy loss from confirmatory testing through CVS or amniocentesis).

Low Risk

Low Risk or Screen Negative Result: A Low Risk result does not mean that the pregnancy is not affected with a condition. It means that the likelihood of the pregnancy having a condition is lower than the cut-off.

Intermediate Risk **Intermediate Risk result:** An intermediate Risk result means that the pregnancy has an equivocal or a borderline risk of being affected with a condition. In this case, you may want to choose a second stage screening modality like an Integrated Screening Test that is done between 16 to 20 weeks of pregnancy or a Non-invasive Prenatal Screening Test between 12 to 20 weeks of pregnancy before taking a decision on an invasive confirmatory testing. This will help you improve the sensitivity of the screening test keeping an invasive test a last option were you to come as a high risk in the second stage screening test.

SIGNIFICANCE OF MULTIPLE OF MEDIANS (MoMs)

Prenatal Screening determines the likelihood of the pregnancy being affected with certain conditions by analysing levels of certain hormones. These hormones are Feto placental products (released by Fetus or placenta). Their levels not only indicate propensity of the fetus being affected with certain chromosomal conditions, they also provide indication of placental insufficiency that can potentially lead to pregnancy complications like Pre-Eclampsia or Intra-Uterine Growth Restriction. It is therefore important to take cognisance of the Reported MoMs alongside the Risk results.

For more information, visit our website at: www.lilacinsights.com/faq-pns

DISCLAIMERS

Limitations of the Test:

As prenatal screening tests are not confirmatory diagnostic tests, the possibility of false positive or false negative results can not be denied. The results issued for this test does not eliminate the possibility that this pregnancy may be associated with other chromosomal or sub- chromosomal abnormalities, birth defects and other complications.

Nuchal Translucency is the most prominent marker in screening for Trisomy 13, 18, 21 in the first trimester and should be measured in accordance with the Fetal Medicine Foundation (UK) guidelines. Nuchal Translucency or Crown Rump Length measurement, if not performed as per FMF (UK) imaging guidelines may lead to erroneous risk assessments and Lilac Insights bears no responsibility for errors arising due to sonography measurements not performed as per these criteria defined by international bodies such as FMF (UK), ISUOG.

It is assumed that the details provided along with the sample are correct. The manner in which this information is used to guide patient care is the responsibility of the healthcare provider, including advising for the need for genetic counselling or additional diagnostic testing like amniocentesis or Chorionic Villus Sampling. Any diagnostic test should be interpreted in the context of all available clinical findings. As with any medical test, there is always a chance of failure or error in sample analysis though extensive measures are taken to avoid these errors.

Note:

- Quality of the Down syndrome screening program (Biochemical values, MoMs and Risk assessments) is monitored by UKNEQAS on an ongoing basis.
- This interpretation assumes that patient and specimen details are accurate and correct.
- Lilac Insights does not bear responsibility for ultrasound measurements like CRL,NT,NB etc. We strongly recommend that ultrasound measurements are performed as per FMF (UK)/ISUOG practice guidelines.
- It must be clearly understood that the results represent risk and not diagnostic outcomes. Increased risk does not mean that the baby is affected and
 further tests must be performed before a firm diagnosis can be made. A Low Risk result does not exclude the possibility of Down's syndrome or other
 abnormalities, as the risk assessment does not detect all affected pregnancies.
- Each sample received at Lilac Insights' processing centre is handled with the utmost sensitivity and care. All samples received on Sundays and National holidays are stored as per specific guidelines for the respective specimens and processed on the next day.

END OF REPORT





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